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## **Personalized Nutrition Management in the Transition from Non-Dialysis CKD to Dialysis**

Connie Rhee

University of California Irvine, United States

While dialysis has been the dominant treatment paradigm in advanced CKD patients ineligible for or unlikely to receive kidney transplant, there has been growing emphasis on conservative and preservative management as a means to delay or avoid the need for dialysis. In addition to optimizing health-related quality of life and providing proactive symptom management, a major objective of conservative and preservative management is to maintain residual kidney function. Dietary interventions, including a low-protein diet from plant-dominant protein sources, are cornerstones in conservative and preservative management. Rigorous clinical practice guidelines support low dietary protein intake in CKD patients to reduce the risk of kidney disease progression and mortality. There is increasing evidence that plant based diets reduce risk of incident CKD and CKD progression, risk factors for kidney disease, and CKD-related complications, including metabolic acidosis, hyperphosphatemia, and uremic toxin generation. Growing data also suggest higher dietary fiber intake reduces uremic toxin generation and cardio-metabolic risk in both CKD and non-CKD populations, although further research in this area is needed. The practical implementation of plant based low protein diets should include an individualized approach and multi-disciplinary collaboration with specialty-trained dietitians, as well as monitoring for metabolic complications (dyskalemia) and adequate dietary protein intake.

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